

Exhibit 1

Defendant. *

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The Deposition of JAMES YAN, M.D. was taken on Tuesday, October 18, 2011, commencing at 3:23 p.m. at 11119 Rockville Pike, Suite 320, Rockville, Maryland, before Emily Boyd, Notary Public.

* * * * *

Emily K. boyd, Court Reporter

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the Plaintiff:</p> <p>4 NEIL S. HYMAN, ESQUIRE</p> <p>5 Law Office of Neil S. Hyman, LLC</p> <p>6 4416 East West Highway</p> <p>7 Suite 400</p> <p>8 Bethesda, Maryland 20814</p> <p>9 (301) 841-7105</p> <p>10 neil@neilhymanlaw.com</p> <p>11</p> <p>12 On behalf of the Defendant:</p> <p>13 JOHN B. FLOOD, ESQUIRE</p> <p>14 Ogletree, Deakins, Nash, Smoak & Stewart, P.C.</p> <p>15 1909 K Street, NW</p> <p>16 Suite 1000</p> <p>17 Washington, D.C. 20006</p> <p>18 (202) 887-0855</p> <p>19 john.flood@ogletreedekins.com</p> <p>20</p> <p>21</p>	<p style="text-align: right;">Page 4</p> <p>1 received some medical records I think that came</p> <p>2 from your office, but sitting here right now, I'm</p> <p>3 not sure if I got everything. Will we be able to</p> <p>4 inspect her medical records at some point?</p> <p>5 A. Sure.</p> <p>6 Q. Why don't we ask a few more questions and</p> <p>7 then we'll hit a breaking point and do that, if</p> <p>8 that's all right.</p> <p>9 A. All right.</p> <p>10 Q. Thank you, sir. You're a medical doctor?</p> <p>11 A. Yes.</p> <p>12 Q. Where did you receive your medical</p> <p>13 degree?</p> <p>14 A. From the University of Miami.</p> <p>15 Q. Is that in Florida?</p> <p>16 A. Yes.</p> <p>17 Q. When?</p> <p>18 A. Long time ago.</p> <p>19 Q. Approximately.</p> <p>20 A. That's a really long time ago. About</p> <p>21 20 years ago.</p>
<p style="text-align: right;">Page 3</p> <p>1 PROCEEDINGS</p> <p>2</p> <p>3 Whereupon --</p> <p>4 JAMES YAN, M.D.</p> <p>5 a witness herein, having been first duly sworn,</p> <p>6 was examined and testified as follows:</p> <p>7 EXAMINATION BY MR. FLOOD:</p> <p>8 Q. Can you state your full name for us.</p> <p>9 A. James Yan.</p> <p>10 Q. Dr. Yan, you understand that I'm here to</p> <p>11 take your deposition in relation to a lawsuit</p> <p>12 that's ongoing involving Amie Carrier?</p> <p>13 A. Yes.</p> <p>14 (Yan Exhibit No. 1 was marked for</p> <p>15 identification.)</p> <p>16 Q. Dr. Yan, we've handed you what's marked</p> <p>17 as Exhibit 1, a subpoena issued in this case. Did</p> <p>18 you receive that?</p> <p>19 A. Yes.</p> <p>20 Q. One thing that we requested is production</p> <p>21 of all medical records for Amie Carrier. I have</p>	<p style="text-align: right;">Page 5</p> <p>1 Q. 20?</p> <p>2 A. Yes.</p> <p>3 Q. Early 1990s?</p> <p>4 A. Yes. Yeah, that's right.</p> <p>5 Q. Do you have any other graduate-level</p> <p>6 degrees? I saw on your card a PhD.</p> <p>7 A. PhD, yeah.</p> <p>8 Q. In what field?</p> <p>9 A. Biochemistry.</p> <p>10 Q. Where did you obtain that degree?</p> <p>11 A. In Taiwan. Long time ago. Don't ask me</p> <p>12 when.</p> <p>13 Q. More than 20 years?</p> <p>14 A. (Nodded head.)</p> <p>15 Q. Yes? One thing as we go through the</p> <p>16 deposition --</p> <p>17 A. PhD is in University of Illinois. I'm</p> <p>18 sorry. 25 years ago.</p> <p>19 Q. University of Illinois. Okay. One thing</p> <p>20 is we're going to be try to be as efficient as</p> <p>21 possible today.</p>

<p style="text-align: right;">Page 22</p> <p>1 Q. What is Exhibit 3?</p> <p>2 A. It's something I ordered for her to get</p> <p>3 the blood drawn to check the Dilantin level in the</p> <p>4 blood. And also, on the bottom I put down a note</p> <p>5 that said the patient allowed to go back to work on</p> <p>6 May 27, 2008.</p> <p>7 Q. Okay. Do you recall seeing Amie Carrier</p> <p>8 on May 9, 2008?</p> <p>9 A. I cannot remember. I have to go with my</p> <p>10 note. I did not see her at that time.</p> <p>11 Q. Oh, you didn't see her?</p> <p>12 A. No.</p> <p>13 Q. Do you know how it came to be for you to</p> <p>14 issue the prescription on Exhibit 3 and sign the</p> <p>15 note?</p> <p>16 A. Apparently, she probably call me for</p> <p>17 Dilantin, and then for some reason I told her she</p> <p>18 had to check the Dilantin level, because if we</p> <p>19 don't check the Dilantin level, that's not good.</p> <p>20 That's not appropriate. That's why I ordered that.</p> <p>21 It's not the medicine.</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. We've handed you Exhibit 4, and you were</p> <p>2 commenting that what I've just handed you, you saw</p> <p>3 a few minutes ago when we were looking at your</p> <p>4 computer records; is that correct?</p> <p>5 A. Yes.</p> <p>6 Q. Can you tell us what do you recall, if</p> <p>7 anything, about Exhibit 4?</p> <p>8 A. No. I cannot recall. I saw this one</p> <p>9 before. I saw this one on my records.</p> <p>10 Q. You saw it just a few minutes ago today</p> <p>11 on the computer?</p> <p>12 A. That's correct. Yes.</p> <p>13 Q. So do you know whether or not -- well,</p> <p>14 you all have it in your records; correct?</p> <p>15 A. Yes.</p> <p>16 Q. So you must have received it at some</p> <p>17 point?</p> <p>18 A. Yes.</p> <p>19 Q. The first page of Exhibit 4 appears to be</p> <p>20 a fax cover sheet, right?</p> <p>21 A. Yes.</p>
<p style="text-align: right;">Page 23</p> <p>1 Q. Oh, so you're ordering a blood test?</p> <p>2 A. That's correct.</p> <p>3 Q. And does the phrase "hepatic profile"</p> <p>4 mean a blood test and CBC?</p> <p>5 A. That's right. That's to check to make</p> <p>6 sure the Dilantin is not causing any trouble in</p> <p>7 her.</p> <p>8 Q. And so do you believe -- we'll know from</p> <p>9 I guess the printouts here in a minute. To your</p> <p>10 knowledge, did you take any notes of any</p> <p>11 conversation with Amy Carrier?</p> <p>12 A. No. I would not take notes.</p> <p>13 Q. And then the note at the bottom of</p> <p>14 Exhibit 3, do you know how that came about?</p> <p>15 A. I really have no idea, but I believe</p> <p>16 maybe she just told me she wanted to go back to</p> <p>17 work, and then she said she wanted to go back to</p> <p>18 work on May 27. I saw her May 16. I probably feel</p> <p>19 that she's okay to go back to work.</p> <p>20 (Yan Exhibit No. 4 was marked for</p> <p>21 identification.)</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. From it looks like VCA to your office?</p> <p>2 A. Yes.</p> <p>3 Q. And attached to it is some sort of job</p> <p>4 description or position description?</p> <p>5 A. Yes.</p> <p>6 Q. Do you recall reviewing a position</p> <p>7 description in relation to Amie Carrier at any</p> <p>8 time?</p> <p>9 A. It has been for a long time.</p> <p>10 Q. I understand.</p> <p>11 A. I don't think I can recall. I cannot</p> <p>12 remember that long ago. But it's in my records, so</p> <p>13 I must see this one. I probably look at this one</p> <p>14 with her and then I said okay, you go back to work.</p> <p>15 Q. So if you did that, what would have been</p> <p>16 the purpose for you in looking at a position</p> <p>17 description like that?</p> <p>18 A. She probably asked me whether she can go</p> <p>19 back to work or not. I said why not.</p> <p>20 Q. Okay. So you probably would have</p> <p>21 reviewed it and factored in whether or not --</p>

<p style="text-align: right;">Page 26</p> <p>1 A. She's appropriate for her to go back to 2 work or not. And I probably think it's 3 appropriate. That's why I said go back to work. 4 (Yan Exhibit No. 5 was marked for 5 identification.) 6 Q. Is that the same note? It seems to have 7 a different date, does it not? 8 A. Basically, it's saying the same thing. 9 We are adjusting the medication and she should be 10 able to go back to work. 11 Q. Okay. And your signature is on this 12 note? 13 A. Yes, that's my signature. 14 Q. And I guess your understanding, the 15 purpose of this would have been so that it would 16 have been given to her employer? 17 A. Yes. 18 Q. So you released her. Although you noted 19 you were adjusting her medication, you had released 20 her back to work without any restrictions on 21 May 27, 2008?</p>	<p style="text-align: right;">Page 28</p> <p>1 Q. I've handed you Exhibit 6, and according 2 to the first page, it's a physician's report 3 regarding driving. Do you see that? 4 A. Yes. 5 Q. Is your signature on the fourth page of 6 the document? 7 A. That's my signature. 8 Q. This appears to have been signed by you, 9 it appears, on Page 4, October 13, 2008? 10 A. That's correct. 11 Q. First of all, I note on the bottom of 12 Page 1, it indicates -- well, Item No. 3 was 13 checked "yes." Do you see that? 14 A. Yes. 15 Q. And that could encompass epilepsy or 16 seizures; is that right? 17 A. That's correct. 18 Q. And then the date of the last episode is 19 listed as May 2008? 20 A. That's correct. 21 Q. So from what had been reported to you by</p>
<p style="text-align: right;">Page 27</p> <p>1 A. That's correct, according to the note. 2 Q. Or earlier, it says. 3 A. Yes. 4 Q. Do you recall any information Dr. Amie -- 5 I'm referring to her as Doctor, because she's a 6 doctor of veterinary medicine. Amie Carrier. Do 7 you recall her giving you any specific information 8 which caused you to sign the note at Exhibit 5? 9 A. I don't remember. 10 Q. Would that be in your notes? 11 A. No. I just looked. No, it's not in my 12 notes. And I cannot remember. Most of the time I 13 just review the job description and make sure it's 14 okay. And most of the time the patient said that 15 she want to go back to work. 16 Q. You say that sort of as a general matter, 17 not something you specifically recall about Amie 18 Carrier? 19 A. No. 20 (Yan Exhibit No. 6 was marked for 21 identification.)</p>	<p style="text-align: right;">Page 29</p> <p>1 Amie Carrier, she had not had a seizure type of 2 event since May 2008; is that correct? 3 A. That's correct. 4 Q. Do you recall if she reported to you 5 later that she had any seizure type of events in -- 6 let me give you a time frame, Doctor -- from the 7 date you signed this document? So October 13, 8 2008, until let's say December 15, 2008. 9 A. I have to look in my record. I cannot 10 recall. 11 Q. Okay. 12 A. On March 27, 2009, I have a record says 13 that she reported she has one seizure and she said 14 that she was sleep deprived. 15 Q. That's 2009? 16 A. 2009, March 27. 17 Q. Okay. So do you have any records 18 indicating any report of seizures by Amie Carrier 19 between October 13, 2008, and let's say 20 December 15, 2008? 21 A. In May 2008 and then the next time the</p>

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<p>1 visit was March 27, 2009.</p> <p>2 Q. So that's the next time she reported to</p> <p>3 you any sort of seizure?</p> <p>4 A. She came to my office and she said she</p> <p>5 had one seizure. I don't know the date for the</p> <p>6 seizure.</p> <p>7 Q. On March 27, 2009, she didn't say when</p> <p>8 that occurred?</p> <p>9 A. No.</p> <p>10 Q. Okay. Do you recall if she indicated in</p> <p>11 some way if it was fairly recent?</p> <p>12 A. No.</p> <p>13 Q. Page 2, back to Exhibit 6, Doctor, I</p> <p>14 guess it's a continuation of the list that began on</p> <p>15 Page 1; is that correct?</p> <p>16 A. Yes.</p> <p>17 Q. So all of those items are things that at</p> <p>18 least from the MVA point of view, they wanted you</p> <p>19 to indicate whether she was reporting that they had</p> <p>20 occurred or not; is that correct?</p> <p>21 A. That's correct.</p>	<p>1 prognosis you noted was good; is that correct?</p> <p>2 A. It's good.</p> <p>3 Q. And then moving down the page, your</p> <p>4 certification indicates she's taking the</p> <p>5 medications. See that?</p> <p>6 A. Yes.</p> <p>7 Q. And then the seizure medical condition is</p> <p>8 controlled?</p> <p>9 A. Yes.</p> <p>10 Q. And then you indicate in your opinion she</p> <p>11 was capable of driving a motor vehicle?</p> <p>12 A. Yes.</p> <p>13 Q. And then block No. 1 there, description</p> <p>14 of limitations including any effect this impairment</p> <p>15 may have on her ability to safely operate a motor</p> <p>16 vehicle.</p> <p>17 A. I didn't --</p> <p>18 Q. There were none indicated to you;</p> <p>19 correct? That block on any limitations you left</p> <p>20 blank because none were indicated to you; is that</p> <p>21 correct?</p>
Page 31	Page 33
<p>1 Q. So you checked no on each one of those?</p> <p>2 A. Because she said no.</p> <p>3 Q. And then Page 3 I guess is where you</p> <p>4 indicate current medications?</p> <p>5 A. Yes.</p> <p>6 Q. And it was Dilantin at that point in</p> <p>7 time?</p> <p>8 A. Yes.</p> <p>9 Q. And the bottom block, if you will, on</p> <p>10 Page 3, it's a little hard to read the heading, but</p> <p>11 can you tell me what that is indicating? You</p> <p>12 checked the "good" block.</p> <p>13 A. The prognosis.</p> <p>14 Q. And then moving on to Page 4, I guess at</p> <p>15 the top there is also a section Prognosis.</p> <p>16 A. Yes, that's prognosis.</p> <p>17 Q. So the bottom block on Page 3, something</p> <p>18 results on -- I don't know. The black heading is</p> <p>19 sort of blocking out the "something" to date.</p> <p>20 A. I can't read it.</p> <p>21 Q. That's fine. Then on to Page 4, the</p>	<p>1 A. That's correct.</p> <p>2 (Yan Exhibit No. 7 was marked for</p> <p>3 identification.)</p> <p>4 Q. We've handed you Exhibit 7. Is that the</p> <p>5 March 27, 2009 note?</p> <p>6 A. Yes.</p> <p>7 Q. Doctor, in dealing with someone with a</p> <p>8 seizure condition, is there any sort of scale, if</p> <p>9 you will, to evaluate the type of seizure or the</p> <p>10 level of the seizure? I'm not asking this very</p> <p>11 clearly, I know, but are there different types of</p> <p>12 seizures?</p> <p>13 A. Yes.</p> <p>14 Q. Did you ever, in treating Amie Carrier,</p> <p>15 form an opinion about the type or types of seizures</p> <p>16 she was reportedly having?</p> <p>17 A. Her seizure probably something we call</p> <p>18 compressed partial seizure. The reason I'm saying</p> <p>19 that, because on the EEG, it's only focal on one</p> <p>20 side over the temporal lobe area. Then that area</p> <p>21 is not normal based on the EEG, so she probably had</p>

<p style="text-align: right;">Page 34</p> <p>1 compressed partial seizure. It only means on the 2 seizure, sources is from temporal lobe.</p> <p>3 Q. So that helps to identify the location of 4 the brain where it's coming from?</p> <p>5 A. Yes.</p> <p>6 Q. Or developing?</p> <p>7 A. That's right.</p> <p>8 Q. It's not assessing sort of the gravity of 9 the seizure, if you will?</p> <p>10 A. No.</p> <p>11 Q. Did you, in dealing with Amie Carrier as 12 a patient, ever reach that sort of assessment of 13 sort of the gravity or seriousness of the seizures 14 themselves?</p> <p>15 A. I cannot remember.</p> <p>16 Q. If you had, would that be noted in your 17 records somewhere?</p> <p>18 A. Yes. Her seizure is easy to control, 19 because she doesn't have seizure like some people 20 have seizure every day. It just comes if she 21 doesn't take medicine or sleep deprived. If she</p>	<p style="text-align: right;">Page 36</p> <p>1 blue ink at the bottom of each page, page numbers 2 from 1 through 39. And we're going to have a copy 3 made for each counsel here shortly.</p> <p>4 Q. Dr. Yan, I'll hand you Exhibit 8.</p> <p>5 Okay. You've had a chance to review 6 that. Is Exhibit 8 -- these are all the records, 7 to your knowledge, that your office has regarding 8 Amie Carrier?</p> <p>9 A. Yes.</p> <p>10 Q. May I retrieve those for just one moment? 11 I'm going to point you to a few specific pages. 12 First of all, Page 2. Is that your handwritten 13 note for the visit with Amie Carrier or March 27, 14 2009?</p> <p>15 A. That's correct.</p> <p>16 Q. And just so it's clear, are those your 17 handwritten notes?</p> <p>18 A. Yes.</p> <p>19 Q. What do they say?</p> <p>20 A. They say patient one seizure and sleep 21 deprivation, and at the moment she's taking</p>
<p style="text-align: right;">Page 35</p> <p>1 take medicine, she should be okay.</p> <p>2 Q. So from what you understood from Amie 3 Carrier, the frequency of her seizures were fairly 4 infrequent; is that correct?</p> <p>5 A. That's correct.</p> <p>6 Q. And then from your perspective, you 7 understood that either avoiding sleep deprivation 8 and/or taking appropriate medicine should control 9 them?</p> <p>10 A. Yes.</p> <p>11 Q. I think you mentioned that some patients 12 you deal with have seizures even on a daily basis?</p> <p>13 A. That's correct.</p> <p>14 MR. FLOOD: Okay. Can we go look at 15 those medical records real quick? And then we're 16 real close to being done.</p> <p>17 (Discussion held off the record.) 18 (Yan Exhibit No. 8 was marked for 19 identification.)</p> <p>20 MR. FLOOD: We've marked now Exhibit 8 21 for Dr. Yan's deposition, and I've handwritten in</p>	<p style="text-align: right;">Page 37</p> <p>1 Dilantin 300 milligram and also taking Xanax as 2 needed at night.</p> <p>3 Q. Okay. Just turn that page over. I'll 4 retrieve them and I'll point you to another page 5 shortly. Okay. Page 3 and then Page 4. First 6 look at Page 3. What is that?</p> <p>7 A. It's my written note on May 9, 2008. 8 Patient frequent seizure, and the Dilantin level is 9 only 3.5, which is low. And she's taking Dilantin 10 three times a day and she developed a rash from 11 another medicine called trileptal. I give her 12 trileptal and she developed a rash. And then on 13 the bottom, that's the instruction for her that 14 date. I told her to take Klonopin at bedtime for 15 sleep as needed. And she's supposed to take 16 Dilantin every night, and we are going to check the 17 laboratory, and she will come in in three months.</p> <p>18 Q. Okay. Page 4 now.</p> <p>19 A. Page 4, the written note for May 16, 20 2008. That's a note that says patient was seen in 21 the emergency room as a Dilantin toxicity. She</p>

JAMES YAN, M.D., PH.D.
NEUROLOGY

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TEL: (301) 468 - 1997
FAX: (301) 468 - 1996

Medical # 41150070
DEA No. BY 3494074

Name Carrier, Amie Date 5/9/08

Address _____

R

Dilantin level
Hepatic profile
CBC

Dr. Yan
☐ Labor
☐ Refills

[Signature]

M.D.

JAMES YAN, M.D., PH.D.
WHITE FLINT PROFESSIONAL BLDG.
8600 OLD GEORGETOWN RD.
BETHESDA, MD 20814
301-468-1997

Date 05-09-2008

Patient Information

AMIE L CARRIER
313 FALLSGROVE DR.
ROCKVILLE MD 20850

TO WHOM IT MAY CONCERN:

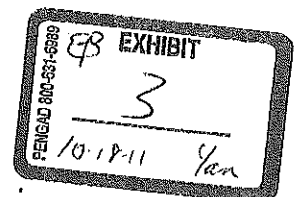
I hereby certify the following statements for the patient listed above:

This patient has been under my professional care for SEIZURE/CONVULSION

This patient is allowed to return to work on 05-27-2008

Signed :

[Signature]
Office of JAMES YAN, M.D.



VCA00141



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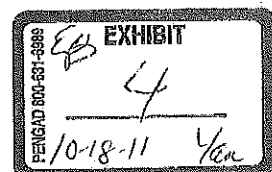
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Jarod E. Williams, DVM
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SURGERY
Bruno Massat, DVM
Diplomate ACVS, ECVS

FAX COVER SHEET

To: James Yan, MD
Fax #: 301-468-1996
From: C. J. Smith
Re: Job Description / Amie Carver
of Pages: 5 (including this page)
Date: 5/16/08 Time: 3:25pm
Additional Comments:



VCA00145



Staff Veterinarian Job Description

Position Title: Staff Veterinarian
Reports To: Medical Director with support of the Regional Medical Director
Department: DVM
Employee Status: Exempt

Job Description

Under policy direction of the Medical Director with support of the Regional Medical Director, the Staff Veterinarian provides professional medical, nutritional, dental and surgical diagnostics and treatment of companion animals.

Knowledge, Skills and Abilities:

- Professional mannerism and appearance.
- Good interpersonal skills.
- Positive and friendly attitude.
- Ability to communicate directions and instructions clearly and effectively.
- Ability to earn respect from coworkers.
- Ability to make decisions.
- Respect for clients and their pets.
- Willingness to work with clients and their pets.
- Willingness to learn and use computer.
- Ability to work under stress.
- Practices the highest standard of medicine.
- Uphold the veterinary code of ethics.

Education and Experience:

- A Doctor of Veterinary Medicine (DVM) degree, or equivalent, from an accredited university.
- A license to practice in the state in which he/she is employed.

Authority:

- Directs and guides Veterinary Technicians, Veterinary Assistants and any other employee interacting with pet care.

Physical Requirements:

- Dependable attendance is required.
- Any allergies to animals must be controllable through medication.
- Must be able to lift 40 pounds.
- Must be willing to work long or irregular hours under pressure conditions.

- This position requires the ability to walk, bend, stand and reach constantly during a minimum 8-hour day.
- Visual acuity sufficient to maintain accurate records, recognize people and understand written directions.
- Ability to speak and hear sufficiently to understand, give information in person and over the telephone.
- Fine motor skills adequate for utilizing hospital equipment such as electric clippers, scalpels, syringes, radiology equipment, laboratory equipment, computers, etc.

Duties:

The following is a partial list of essential job responsibilities. This list may be revised at any time and additional duties not listed here may be assigned as needed.

1. Patient Management
2. Client Management
3. Administrative Management
4. Staff Management
5. Professional Responsibilities

Patient Management:

- Cares - remembering that the patient's well being is the first priority.
- Continually improve the quality of patient care through studying veterinary journals and texts and by attending seminars. VCA has established a minimum 30-hour per year requirement for continuing education for each veterinarian.
- Perform examinations, diagnostic, medical, surgical and dental procedures in a way that will deliver the highest quality care while minimizing patient stress and discomfort.
- Recommend referral to one of the other VCA doctors or a specialist when this is likely to significantly improve the prognosis.

Client Management:

- Will promote and participate in the principles of the VCA Mission Statement, Three Steps of Service and VCA Standards of Client Service and that the above is known and practiced by all employees.
- Develop rapport with clients.
- Determine client's needs and wishes.
- Question the client to ascertain the patient's past medical and surgical history as well as a description of the current presenting signs.
- Explain physical examination findings.
- Recommend the appropriate preventive health care, including vaccines and appropriate nutritional products and protocols.
- Recommend and explain plans for diagnostic procedures and for medical and surgical therapies; methods for home care procedures and follow up plans.
- Give the client a prognosis of the pet's problems.
- Generate fee estimates for recommended procedures and presents them to the client.
- Keep clients informed regarding the status of their pet and results of diagnostic tests.
- Provide telephone consultation, including follow-up calls for progress reports, etc.

Administrative Management:

- Maintenance of client/patient medical/surgical records.
 1. Completely "SOAP" the patients medical records:
 - S = Subjective analysis of problem (history)
 - O = Objective analysis of problem (symptoms)
 - A = Assessment of problem (diagnosis)
 - P = Plan of dealing with problem (treatment)
 2. Make certain all necessary logs are kept up to date through established protocols and guidelines:
 - Surgical logs
 - Narcotics logs
 - Radiology logs
 - Laboratory logs
 - Any other logs
- Accurately charge clients for all services performed.
- Participate in the planning, execution and analysis of various methods of improving delivery of services to clients.
- Support and participate in VCA marketing and promotional events and programs.
- Ready to report to work when the need arises.
- Contribute to maintenance of a comfortable, clean and safe environment of which the clients, the staff and the management can be proud.

Staff Management: Professional Staff:

- Ensure an atmosphere of cooperation and mutual respect.
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- Provide consultation when requested and assisting with diagnostic, treatment and surgical procedures.
- Ensure that credit is accurately given for procedures performed by each veterinarian.
- Maintain communication with clients when their pet's primary veterinarian is not available.

Staff Management: Technicians/Assistants:

- Maintain an atmosphere of cooperation and mutual respect.
- Clearly prescribe detailed directions regarding drug doses, routes, times, and rates for administration, diagnostic medical, surgical and dental procedures and instructions for patient monitoring.
- Assist technicians where necessary and fostering an educational environment.
- Provide instruction in client education, diagnostic and treatment procedures, and anesthesia, care of instruments, surgical assisting and dentistry.

Staff Management: Receptionists

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5021 DUFFER MILL ROAD
PATHERSBURG, MD 20878
PHONE (301)340-3224 FAX (301)738-8845

CRITICAL CARE

Christopher G. Byers, DVM
Diplomate ACVECC

Emily A. Sanders, DVM
Diplomate ACVIM (SAIM), ACVECC

Ernie E. Stoneham, DVM
Diplomate ACVECC

Rebecca D. Stolz, DVM
Diplomate ACVECC

EMERGENCY

Ira A. Brown, DVM
Emergency/Critical Care

Christopher G. Byers, DVM, DACVECC
Internal Medicine

Nile L. Carrier, DVM
Internal Medicine

Colin E. "Gumä", DVM
Emergency/Critical Care & Internal Medicine

William J. Lippo, DVM
Emergency/Critical Care

INTERNAL MEDICINE
Lisa S. Conway, DVM, MA
Diplomate ACVIM (SAIM)

Elizabeth E. Sobel, DVM
Diplomate Limited to Internal Medicine (SAIM)
Diplomate Limited to Emergency/Critical Care

NEUROLOGY/NEUROSURGERY

Steven Steinberg, VMD
Diplomate ACVIM (Neurology)

ONCOLOGY

Anthony J. Calo, DVM
Diplomate Limited to Oncology

OPHTHALMOLOGY

Anthony A. Caruso, VMD
Diplomate ACVO

John Koch, VMD, MMSc
Diplomate ACVO

DIAGNOSTIC RADIOLOGY

William W. Boshoven, DVM
Diplomate ACVR (RO)

RADIOLOGY/ULTRASONOGRAPHY

Robert Brainer, DVM
Diplomate Limited to Radiology

SOFT TISSUE SURGERY

David K. Saylor, VMD -- Medical Director
Chief of Surgery

David E. Williams, DVM
Diplomate ACVIM (SAIM)

Erin Rawlings, DVM, PhD
Diplomate ACVS

PLASTIC SURGERY

John Massat, DVM
Diplomate ACVS
Diplomate ECVS

FAX COVER SHEET**To:**

Dr. Yan

Fax #

301-468-1996

From:

Margaret

Re:

Amie Carrier's Job Description

of Pages:

5

(including this page)

Date:

5/20/08

Time:**Additional Comments:****FAXED**

5/20/08

VCA00150



Staff Veterinarian Job Description

Position Title: Staff Veterinarian
Reports To: Medical Director with support of the Regional Medical Director
Department: DVM
Employee Status: Exempt

Job Description

Under policy direction of the Medical Director with support of the Regional Medical Director, the Staff Veterinarian provides professional medical, nutritional, dental and surgical diagnostics and treatment of companion animals.

Knowledge, Skills and Abilities:

- Professional mannerism and appearance.
- Good interpersonal skills.
- Positive and friendly attitude.
- Ability to communicate directions and instructions clearly and effectively.
- Ability to earn respect from coworkers.
- Ability to make decisions.
- Respect for clients and their pets.
- Willingness to work with clients and their pets.
- Willingness to learn and use computer.
- Ability to work under stress.
- Practices the highest standard of medicine.
- Uphold the veterinary code of ethics.

Education and Experience:

- A Doctor of Veterinary Medicine (DVM) degree, or equivalent, from an accredited university.
- A license to practice in the state in which he/she is employed.

Authority:

- Directs and guides Veterinary Technicians, Veterinary Assistants and any other employee interacting with pet care.

Physical Requirements:

- Dependable attendance is required.
- Any allergies to animals must be controllable through medication.
- Must be able to lift 40 pounds.
- Must be willing to work long or irregular hours under pressure conditions.

- This position requires the ability to walk, bend, stand and reach constantly during a minimum 8-hour day.
- Visual acuity sufficient to maintain accurate records, recognize people and understand written directions.
- Ability to speak and hear sufficiently to understand, give information in person and over the telephone.
- Fine motor skills adequate for utilizing hospital equipment such as electric clippers, scalpels, syringes, radiology equipment, laboratory equipment, computers, etc.

Duties:

The following is a partial list of essential job responsibilities. This list may be revised at any time and additional duties not listed here may be assigned as needed.

1. Patient Management
2. Client Management
3. Administrative Management
4. Staff Management
5. Professional Responsibilities

Patient Management:

- Cares - remembering that the patient's well being is the first priority.
- Continually improve the quality of patient care through studying veterinary journals and texts and by attending seminars. VCA has established a minimum 30-hour per year requirement for continuing education for each veterinarian.
- Perform examinations, diagnostic, medical, surgical and dental procedures in a way that will deliver the highest quality care while minimizing patient stress and discomfort.
- Recommend referral to one of the other VCA doctors or a specialist when this is likely to significantly improve the prognosis.

Client Management:

- Will promote and participate in the principles of the VCA Mission Statement, Three Steps of Service and VCA Standards of Client Service and that the above is known and practiced by all employees.
- Develop rapport with clients.
- Determine client's needs and wishes.
- Question the client to ascertain the patient's past medical and surgical history as well as a description of the current presenting signs.
- Explain physical examination findings.
- Recommend the appropriate preventive health care, including vaccines and appropriate nutritional products and protocols.
- Recommend and explain plans for diagnostic procedures and for medical and surgical therapies; methods for home care procedures and follow up plans.
- Give the client a prognosis of the pet's problems.
- Generate fee estimates for recommended procedures and presents them to the client.
- Keep clients informed regarding the status of their pet and results of diagnostic tests.
- Provide telephone consultation, including follow-up calls for progress reports, etc.

Administrative Management:

- Maintenance of client/patient medical/surgical records.
 1. Completely "SOAP" the patients medical records:
 - S = Subjective analysis of problem (history)
 - O = Objective analysis of problem (symptoms)
 - A = Assessment of problem (diagnosis)
 - P = Plan of dealing with problem (treatment)
 2. Make certain all necessary logs are kept up to date through established protocols and guidelines:
 - Surgical logs
 - Narcotics logs
 - Radiology logs
 - Laboratory logs
 - Any other logs
- Accurately charge clients for all services performed.
- Participate in the planning, execution and analysis of various methods of improving delivery of services to clients.
- Support and participate in VCA marketing and promotional events and programs.
- Ready to report to work when the need arises.
- Contribute to maintenance of a comfortable, clean and safe environment of which the clients, the staff and the management can be proud.

Staff Management: Professional Staff:

- Ensure an atmosphere of cooperation and mutual respect.
- Keep patient records complete and up-to-date to assist colleagues in follow-up and future management of the patient.
- Provide consultation when requested and assisting with diagnostic, treatment and surgical procedures.
- Ensure that credit is accurately given for procedures performed by each veterinarian.
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- Provide advice and encouragement to potential newcomers to the profession.
- Represent the hospital to the professional community and the general public as requested.
- Model an "owner" mentality in hospital by demonstrating willingness to assist all employees for the success of the hospital.

5/21/2008 3:52 PM FROM: 3014601996 TO: 3017388845 PAGE: 002 OF 002

JAMES YAN, M.D., PH.D.
WHITE FLINT PROFESSIONAL BLDG.
8600 OLD GEORGETOWN RD.
BETHESDA, MD 20814
301-468-1997

Date 05-21-2008

Patient Information
AMIE L CARRIER
313 FALLSGROVE DR.
ROCKVILLE MD 20850

TO WHOM IT MAY CONCERN:

I hereby certify the following statements for the patient listed above:

This patient has been under my professional care for SEIZURE/CONVULSION

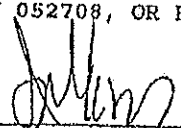
This patient is allowed to return to work on 05-27-2008

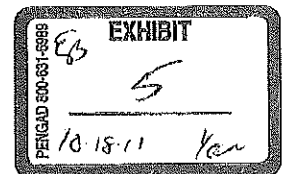
The following restriction(s) will apply until further notice:

Miscellaneous Restrictions:

DR. CARRIER HAS SEIZURE. CURRENTLY, WE ARE ADJUSTING HER
MEDICATION. SHE SHOULD BE ABLE TO GO BACK TO HER REGULAR
JOB WITHOUT RESTRICTION ON 052708, OR EARLIER.


Signed :


Office of JAMES YAN, M.D.



VCA00142

From: 3014681996 Page: 3/15 Date: 6/17/2011 11:21:43 AM
 10/10/2008 11:10 301/021/90 VHM VHM

 5501 Ritchie Highway, N.E. Glen Burnie, MD 21062 Motor Vehicle Administration	PHYSICIAN'S REPORT Driver Wellness & Safety	QUESTIONS? Please call: (410) 768-7511 TTY FOR THE DEAF 1-800-492-4573
---	---	---

For Office Use Only. Requested By: TH Date Requested: October 23, 2008

TO THE DRIVER/APPLICANT:

If you are currently being treated by a physician or have been seen by a physician in the last 12 months, please COMPLETE SECTION 1 (BELOW) ONLY; then have your treatment provider complete the rest of this form. This TREATMENT PROVIDER'S REPORT should be returned to us in the enclosed pre-addressed envelope along with other forms that may be requested in the cover letter that accompanied this form. (Payment for any examination, if necessary, and the preparation of this form is YOUR responsibility.)

All medical data obtained will be kept CONFIDENTIAL and will be used only to determine your qualifications to drive as set out in Section 16-118 of the Transportation Article of the Annotated Code of Maryland.

SECTION 1 GENERAL INFORMATION (to be completed by driver/applicant)			
(Please Type or Print)			
DRIVER/APPLICANT'S NAME	CARRIER	AMIE	L
LAST		FIRST	MIDDLE
ADDRESS: 313 FALLSGROVE DR	ROCKVILLE	MD	20850
STREET	CITY	STATE	ZIP CODE
DATE OF BIRTH: [REDACTED]	PHONE NUMBER(S): [REDACTED]		
MONTH/DAY/YEAR			
DRIVER'S LICENSE NUMBER: [REDACTED]	SOCIAL SECURITY NUMBER: [REDACTED]		

TO THE PHYSICIAN:

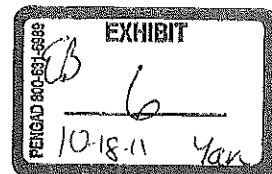
Your patient has been receiving care which requires review by the Medical Review Section and/or Medical Advisory Board. Please complete this PHYSICIAN'S REPORT and return it to this Administration along with your client's completed HEALTH QUESTIONNAIRE and any other required forms in the envelope provided. Please complete all areas that pertain to your client. If you have any questions, you may contact the Medical Review Section at the above-listed phone number. If this information is not returned to our office, as specified in our cover letter to your client, his/her license/privilege to drive may be subject to suspension.

(Sections 2 through 8 to be Completed by Physician)

SECTION 2 HISTORY	
Have you treated the above-named person or referred him/her to another health care provider for any of the following conditions in the last 2 years? Please clarify any "yes" answers in the comment section that follows these questions.	
1. Motor Vehicle Accident	CHECK ONE DATE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
2. Driver's License Revocation, Suspension, Cancellation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
3. Blackout Spells, Dizzy Spells, Epilepsy, Seizure, Loss of Consciousness	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>May/2008</u>
	Date of Last Episode <u>May/2008</u>

PHYSICIAN'S REPORT (To be completed by physician)

DC-119E 1-4 (04/2002)



From: 3014681996
10/10/2000 11:16 3017521745

Page: 4/15

Date: 6/17/2011 11:21:43 AM
VCA VRA

PAGE 25

	CHECK ONE	DATE
4. Other Neurological Impairments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
5. Head Trauma/Brain Surgery	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
6. Nervousness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
7. Depression/Confusion, Other Psychiatric Disorders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
8. Memory Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
9. Alcoholism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
10. Visual Impairment/Eye Disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
11. Drug Abuse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
12. Hearing Impairment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
13. Amputation/Missing Extremities/Prostheses	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
14. Other Orthopedic Impairments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
15. High Blood Pressure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
16. Stroke	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
17. Heart Disease/Cardiovascular Impairments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
18. Diabetes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
19. Other Diseases/Ailments/Complications; List Below	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____

Comments: (Please type or print)

SECTION 3: PHYSICAL, NEUROLOGICAL AND/OR PSYCHIATRIC EXAMINATIONS

Note POSITIVE Findings Only

1. _____
2. _____
3. _____
4. _____
5. _____

Status/level of impairment (e.g. facial droop, paraparesis, ambulatory, wheel chair bound, etc.)

Physician's Report

Page 2

11/10/2011 11:16 AM FAX 3017521745

DC-1195 2-4 (04/2002)

From: 3014681996 Page: 5/15 Date: 6/17/2011 11:21:43 AM
10/10/2009 11:15 3017621745 VCA VRA PAGE 00

SECTION 4 CURRENT DIAGNOSIS AND MEDICATIONS	
LIST CURRENT DIAGNOSIS	CURRENT MEDICATIONS
1. Dilantin	Seizure
2.	
3.	
4.	

SECTION 5 LABORATORY DATA

List positive laboratory results that support diagnosis above (blood count, blood chemistry, EKG, X-ray, etc.) (Please print or type)

Dilantin level 8.2 (7/2/08)
7.6 (8/27/08)

SECTION 6 RESULTS OF TREATMENT TO DATE
--

1. ☐ Poor 2. ☐ Fair 3. ☒ Good 4. ☐ Excellent

5. Comment: (Please type or print)

Physician's Report	Page 3
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DO-119E 3-4 (04/2002)

From: 3014681996 Page: 6/15 Date: 6/17/2011 11:21:43 AM
 10/10/2008 11:16 3017621745 VCA VRA

PAGE 01

SECTION 7 PHYSICIANS

1. ☐ Poor 2. ☐ Fair 3. ☒ Good 4. ☐ Excellent

5. Comment: (Please type or print)

SECTION 8 PHYSICIAN'S CERTIFICATION

1. Description of Limitation(s) - including any effect this impairment may have on the patient's ability to safely operate a motor vehicle. (Please type or print)
2. Patient is reliable in taking medications?
☒ Yes ☐ No
3. Patient's seizures/medical condition is controlled?
☒ Yes ☐ No
4. Patient has been under my care for: (how long?)
since 12/18/07
5. In my professional opinion, this person is physically/mentally capable of safely operating a motor vehicle at this time:
☒ Yes ☐ No
6. Comment: (Please type or print)

7. Name of Physician (Print or Type): James Van
8. Physician's Address: 1119 Rockville Pike Rockville MD 20852 Phone Number: (301) 468-1997
9. Physician's License Number: D40353
10. Specialty: Neurology
11. Physician's Signature: [Signature]
12. Date: 10/13/08

Physician's Report

Page 4



DQ-119E 4-4 (04/2002)



Member Name
AMIE L. CARRIER
Member ID

Group

BCBS Plan 080/580

PPO

Ins. # Change
5/28/10



Providers must submit all medical claims to the local Blue Cross and Blue Shield Plan. Local CareFirst Medical & All Dental providers mail to:
Mail Administrator
PO Box 14116 (for Medical claims)
PO Box 14116 (for Dental claims)
PO Box 14116 (for correspondence)
Lexington, KY 40512

www.carefirst.com
Member Service: 443-738-2921
888-567-8887

Provider Claims and Benefits: 800-842-5976
Hospital Pre-cert: 866-773-2884
Mental Health/Substance Abuse: 800-245-7013
Overseas Medical Help: 800-810-2593
To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call 800-810-2593

If your CareFirst benefits include:
Dental Member Svcs: 866-891-2802
Dental Provider Svcs: 866-891-2804
DNet Preferred Network (for out-of-area dental providers): 866-891-2802

Argus Pharmacy Services
Providers: 866-850-4599
Members: 800-241-3371
Davis Vision: 800-783-6602
DP Dental - PPO
DT Dental - Traditional

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association. It is a registered trademark of the Blue Cross and Blue Shield Association. A registered trademark of CareFirst of Maryland, Inc. 10C0191-18 (1/10/09)



- Clearly record information, in a timely manner, regarding medications and supplies being dispensed.
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29

Administrative Management:

- Maintenance of client/patient medical/surgical records.
 1. Completely "SOAP" the patients medical records:
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Amie carrier



Staff Veterinarian Job Description

Position Title: Staff Veterinarian
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Department: DVM
Employee Status: Exempt

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- Respect for clients and their pets.
- Willingness to work with clients and their pets.
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JAMES YAN, M.D., PH.D.
WHITE FLINT PROFESSIONAL BLDG.
8600 OLD GEORGETOWN RD.
BETHESDA, MD 20814
301-468-1997

Date 05-21-2008

Patient Information
AMIE L CARRIER
313 FALLSGROVE DR.
ROCKVILLE MD 20850

TO WHOM IT MAY CONCERN:

I hereby certify the following statements for the patient listed above:

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Signed :


Office of JAMES YAN, M.D.